



BUILDING MOVING PERMIT

360 Main Street • Delta, Colorado 81416 • Phone (970) 874-7903 • Fax (970) 874-6931 • Website: www.cityofdeltanet

Date: _____ [SHALL BE SUBMITTED NO LATER THAN 5 DAYS IN ADVANCE]

The City of Delta hereby grants a revocable permit to the Permittee in accordance with the provisions of this Permit to do the following:

COPY OF STATE ISSUED DEMOLITION PERMIT MUST BE ATTACHED

[] Route as shown on Exhibit "A" (draw sketch on back)*

[] Traffic Control Plan as shown on Exhibit "B" (draw sketch on back or separate sheet)*

*****ROUTES THAT INCLUDE STATE HWY. 50 & HWY. 92 WILL BE REQUIRED TO PROVIDE AN EXECUTED MOVING PERMIT FROM CDOT*****

<<A TRAFFIC CONTROL PLAN WILL BE REQUIRED FOR ANY WORK THAT WILL BE DONE ON ANY ROAD THAT MAY IMPACT TRAFFIC>>

MOVING SHOULD OCCUR DURING LOW-TRAFFIC VOLUME TIMES AND/OR ON LOW-TRAFFIC VOLUME ROADS

Requested Route:

Location of destination (address): _____

Start date/time of move: _____ End date/time _____

***Building Information: Height: _____** Width: _____**

BUILDING MOVING MUST BE EXECUTED DURING THE APPROVED DATES AND TIMES OR PERMIT WILL EXPIRE.

***PERMITTEE:**

Name _____

Address _____

Telephone Number _____

***CONTRACTOR:**

Name _____

Address _____

Telephone Number _____



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APPLICANT MUST NOTIFY AND RECEIVE PRIOR APPROVAL FROM THE FOLLOWING:

Fax # 874-2369

~DMEA _____ Date _____

Fax # 249-7963

~QWEST _____ Date _____

Fax # 874-1059

~ BRESNAN _____ Date _____

Fax # 874-3511

~SOURCE GAS _____ Date _____

I have read and understand all 1-24 items listed on the terms and conditions deemed for the issuance of a Building Moving Permit by the City of Delta. By signing below I certify the above statement to be true, that I have received a copy of the terms and conditions, and I agree to comply with all terms and conditions on this permit.

*** CONTRACTOR:**

OR

*** PERMITTEE:**

By _____

By _____

Date _____

Date _____

=====

(CITY USE ONLY ~ DO NOT WRITE WITHIN THIS SPACE)

Approved by the City of Delta

(Department Heads or Appointed Officials)

Building Official _____ Date _____

ML&P _____ Date _____

Police _____ Date _____

Public Works _____ Date _____

COMMENTS: _____



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DATE OF ROUTE INSPECTION: _____

APPROVED [☐]*

DISAPPROVED [☐]

ESTIMATED CITY'S
COSTS: _____

DEPOSIT AMOUNT \$ _____

BOND REQUIRED: [☐] YES [☐] NO

INSPECTED BY: _____

DATE MOVED _____

COSTS INCURRED BY MOVE: _____ AMOUNT \$ _____

TOTAL DAMAGES: _____ AMOUNT \$ _____

COMMENTS: _____

PUBLIC WORKS DEPARTMENT